
INTRA- AND INTERAGENCY RELATIONS AND AGREEMENTS
RELEASE OF AND SECURING INFORMATION FROM DEPARTMENT OF EMPLOYMENT

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RELEASE OF AND SECURING INFORMATION FROM DEPARTMENT OF EMPLOYMENT

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DIVISION 29 INTRA- AND INTERAGENCY RELATIONS AND AGREEMENTS

**CHAPTER 29-000 RELEASE OF AND SECURING INFORMATION FROM
DEPARTMENT OF EMPLOYMENT**

29-001 UI AND DI BENEFIT VERIFICATION 29-001

Procedures and forms described in Sections 29-002 through 29-009 shall be used by county welfare department staff for securing information on applicants/recipients from the State Employment Development Department.

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29-002 INTRODUCTION

29-002

- .1 This section describes the Unemployment Insurance Benefit/Disability Insurance Benefit (UIB/DIB) verification systems, with the exception of the Earnings Clearance System. Included is information on how and when to use each system and copies of the required forms with instructions for their completion.

Among the systems described is the new UI Claimant Abstract, a centralized, automated source of UIB payment information. With county use of the Claimant Abstract System, verification of UIB payments will be greatly expedited, accuracy of information will be improved, and the process should be less costly than using the ABCD 351 system. (See Section 29-005.2) Other systems described in this section are the ABCD 351 ("County Welfare Department UIB/DIB Payment Verification" system), the DE 507 "Wage and Claim Abstract" systems, the procedures by which copies of UIB and DIB checks are obtained, and the system by which TRA benefits are verified.

In this section the terms Unemployment Insurance (U) and Disability Insurance (DI) are used to reference those programs in general. The terms Unemployment Insurance Benefits (UIB) and Disability Insurance Benefits (DIB) are used in reference to payments made to claimants under the two programs.

The term "Claimant" is used to refer to an individual who has filed a claim for Unemployment or Disability Insurance. The terms "Applicant" and "Recipient" refer to individuals who have applied for or are receiving AFDC, respectively.

.2 UIB and DIB Verification Systems

To verify UIB: The UI Claimant Abstract is the fastest, easiest method for verifying UIB received by applicants and recipients in all situations. The abstract is also the most complete and accurate source of payment information in virtually all situations. (See Sections 29-005.2)

To verify DIB: The DE 507/ABCD 351 system is the only method by which DI DIB can be verified. (See Sections 29-005.1 and 29-005.3)

Procedures for verifying UIB and DIB at intake and in continuing cases are depicted on the flow charts that follow.

29-002 **INTRODUCTION** (Continued)

29-002

.3 Procedural Flow of Verification at Intake

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29-002 **INTRODUCTION** (Continued)

29-002

.4 Procedural Flow of Verification in Continuing Cases

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29-003 OVERVIEW OF THE UI/DI CLAIMS PROCESS**29-003****.1 Unemployment Insurance****.11 General Information**

Unemployment Insurance is a program which provides income to eligible persons who are out of work. The program is supported by California employers who pay UI taxes. In general, people who have earned a minimum of \$900.00 during a 12-month base period are eligible to receive UIB. Certain federal employees and ex-servicemen are also eligible for UI. The following groups of workers are not covered by UI:

- o Domestics in privates homes (except for certain qualifying conditions)
- o Minor children employed by their parents
- o Parents employed by their children
- o Husbands and wives employed by each other
- o Certain state-licensed salespersons paid only commissions
- o Caddies and jockeys

A claim for UIB is filed at a UI Field Office (FO). The claimant is given a claimant's handbook, DE 1275A, which will indicate the FO where the claim was filed, the claimant's Social Security Number (SSN), type of claim, claimant's name, and date the benefit year begins (BYB).

In approximately ten days from the date of filing, the claimant will also receive a "Notice of Computation", DE 429, by mail directly from EDD Central Office. The DE 429 will indicate whether the claim is valid or invalid. If the claim is valid, the form will show the Maximum Benefit Amount (MBA), Weekly Benefit Amount (WBA), date of claim (BYB), FO in which the claim was filed, identity of claimant, and earnings upon which the claim was based. Only one DE 429 will be issued to the claimant during the same benefit year. (See Section 29-007.1 for a description of Form DE 429.)

29-003 OVERVIEW OF THE UI/DI CLAIMS PROCESS (Continued)**29-003****.11 General Information (Continued)**

Normally UIB will be paid during the third week after the claim is filed and will be paid every two weeks thereafter. In hardship cases, claimant may be paid weekly but payments will never be made in advance. Upon determination of eligibility the claimant is paid using the Embossed Card System.

In the Embossed Card System, a credit card-like form (Embossed Card) is used to print three copies of the UI check. Additional information is printed on the check, including the claimant's name and Social Security number, WBA, and the amount and date of payment. The negotiable copy of the check is given to the claimant, one copy is retained by the EDD field office, and one copy is sent to the central EDD office in Sacramento. Central EDD uses their copy to input an automated data file. The file is updated regularly and is the source for information provided on the Claimant Abstract discussed in Section 29-005.2.

The same WBA will generally be paid throughout the duration of the claim; however, adjustments may be made to the amount paid. Such adjustments will occur if wages in excess of \$25.99 for a weekly period are earned, if DI eligibility occurs, or if other internal adjustments are necessary. Some adjustments could be necessitated by overpayments, or ineligibility for a certain time period. Benefits range currently from \$30 to \$120 per week.

UI claimants are paid by mail from EDD field offices; however, they continue to report regularly to a local EDD field office, either in person or by mail. When reporting by mail, claimants submit a Continued Claims card DE 4581 for UI eligibility certification.

It should be noted that the claimant will receive the check after the date imprinted on the check. Therefore, the date of benefit receipt reported by claimants on Form CA 7 may be a few days later than the date indicated by EDD on the Claimant Abstract.

29-003 OVERVIEW OF THE UI/DI CLAIMS PROCESS (Continued)

29-003

.12 Trade Readjustment Allowance (TRA) Program

Special benefits are paid to some claimants under the Trade Readjustment Allowance program. These benefits are awarded to employees of selected companies, usually in large metropolitan areas, who have been laid off due to the adverse impact of imported products. If a business or company has been certified to the TRA program with an "impact date", employees laid off on that date or a date within a specified period thereafter may be eligible. Benefits are mailed to eligibles from Sacramento and average about \$60 per week. Payments are generally made biweekly, although weekly or lump-sum payments are not unusual. Claimants may receive TRA benefits at the same time and/or for the same period during which they receive regular UIB.

.2 Disability Insurance

The California Disability Insurance program provides income to eligible persons who cannot work because of sickness or injury not caused by their job.

The filing of a DI claim commences with the claimant completing the DI application (DE 2501) on one side and submitting it to his or her doctor to complete the other side. The doctor then mails the application to the DI field office (DI-FO). After the DI-FO has received and processed the application, the claimant receives a "Notice of Computation", DE 429D or 429R, which contains the same information as the DE 429 used in UI. The DI claim and payment process is handled by mail between the claimant and the DI-FO. Approximately eleven days from the filing date of a valid DI claim, the claimant is sent the first payment check, a copy of the check (Form 2500C) and the DE 429R. If the claim is invalid, a DE 429D or 429R will be sent. **All of these items can be used by the county in the AFDC eligibility verification process.** It should be noted that DI benefits are paid per number of days disabled, not per **weeks** unemployed as in UI.

Persons receiving UIB cannot be paid DI for the same period.

29-004 WHEN TO VERIFY UI, DI AND TRA BENEFITS**29-004****.1 Intake**

If the eligibility worker determines from information provided by the applicant on Form CA 2 (Section 9A or Section 10C) or by statements made by the applicant that UIB or DIB are being received, the amount should be verified.

If the applicant has not applied for UIB or DIB, the potential for such eligibility can be determined from statements made by the applicant in conjunction with the eligibility criteria listed in Section 29-004.3. If the application appears to be eligible for UIB and is also an AFDC-U parent, he or she must apply for and accept benefits (EAS 44-103.212 and 44-103.232).

The potential for TRA benefit eligibility can be determined by ascertaining whether the applicant has been laid off by a company certified by the TRA program (see Section 29-008.2 for a list of such companies).

.2 Continuing

If a recipient is known to be receiving UIB or DIB, the amounts and dates of payments reported on the CA 7 should be monitored for unexplained variances or lapses in payments. If such variances occur, the amounts received should be verified.

If a recipient who is not receiving UIB or DIB files a claim, that information should appear on the Earnings Clearance System Form ECS 155. If the recipient has filed a claim and no receipt of benefits is reported on the CA 7, the eligibility worker should contact the recipient. The status of this claim and the amount of benefits received can be verified using the appropriate verification procedure.

When continuing recipients report that they have been laid off work, eligibility workers can determine their eligibility for TRA benefits by noting if the company that laid them off has been certified to the TRA program (see list of TRA companies in Section 29-008.2).

29-004 WHEN TO VERIFY, UI, DI, AND TRA BENEFITS (Continued)

29-004

.3 UIB/DIB Eligibility Criteria

As an aid in the identification of potential UIB/DIB recipients, the following are general eligibility guidelines for each program:

In order to be eligible for UIB, a claimant must:

- Not have quit his last job without good cause.
- Not have been fired for cause.
- Be able and available for employment.
- Be seeking employment.
- Have earned a minimum of \$900 within the 12-month base period. The beginning of the base period is usually 17-18 months prior to the date the claim was filed.

In order to qualify for DIB, a claimant must:

- Have an incapacity which was not incurred on the job.
- Be under treatment by a physician at the present time.
- Have a statement from the physician verifying incapacity.
- Have earned at least \$300 over the 12-month base period.
- Have earned a minimum of \$75 in a quarter within the base period.

The above guidelines are intended to be used only in determining the potential for UIB/DIB eligibility.

.4 Wage Verification

At times there may be a need to verify earnings received in a prior period. The DE 507 Wage and Claim Abstract is the fastest, most convenient method of verifying wages received by applicants and recipients four or more months prior to the current date (see Section 29-005.1).

29-005 HOW TO USE UIB/DIB VERIFICATION SYSTEMS

29-005

.1 Wage and Claim Abstract (DE 507)

The DE 507 provides information on an applicant or recipient's earnings in prior quarters, and the information on whether or not any valid UI and DI claims have been filed. A DE 507 can be obtained by submitting either Form DE 8720 or Form DE 4773. Each form is a "Request for Information" from the Employment Development Department (EDD):

Form DE 8720 -- will generate a DE 507 on a one-time basis or every quarter for five consecutive quarters subsequent to the request. For instructions on obtaining, filling out, and submitting Form DE 8720, see Section 29-007.2.

Form DE 4773 -- is to be used only by counties which submit the form to EDD as a prepunched data card. This form will generate a DE 507 on a one-time basis only. The process for obtaining and submitting DE 4773 prepunched cards is described in Section 29-007.3.

The information on the DE 507 is similar to that provided by the Earnings Clearance System on Form ECS 155. A Facsimile of Form DE 507 and a description of its entries is found in Section 29-007.4.

.2 UI Claimant Abstract (ECC 586-A)

The Claimant Abstract is a computer print-out which lists UIB (not DIB) received by a particular claimant. Information provided includes the claimant's Weekly Benefit Amount, the balance of benefits remaining to be claimed, the benefit year beginning date and the field office in which the claim was filed. The primary value of the abstract is as a quick source of complete information on UI payment dates and amounts. Payments information appears on the abstract within approximately four days from the day the payment is made. Payment information on the abstract goes back to July 1, 1976.

A Claimant Abstract is the best method of verifying UIB received. However, the ABCD 351 must be used to verify UIB payments received by claimant prior to July 1, 1976.

A Claimant Abstract is generated by submitting a Form DE 8720, the same form as used to request a DE 507.

For a complete description of all entries on the Claimant Abstract, see Section 29-007.5.

29-005 HOW TO USE UIB/DIB VERIFICATION SYSTEMS (Continued)

29-005

.3 County Welfare Department UIB/DIB Payment Verification (Form ABCD 351)

This form can be used for verifying dates and amounts of all DIB payments and for verifying UIB payments when the county welfare department has made arrangements to do so with the local EDD field office. When requesting payment information, the ABCD 351 is sent to a different source depending upon when the benefit claim began:

.31 DIB Paid Within the Last 13 months:

To verify DIB paid on claims that have begun within the last 13 months: Send the ABCD 351 to the appropriate EDD field office, as determined on the DE 507 or ECS 155 (see Section 29-008 for a list of DI field offices and their addresses). When sending the ABCD 351, also include a self-addressed, postage-paid envelope, and a copy of the DE 507 or ECS 155 which lists the claim information.

.32 DIB Paid More Than 13 Months Ago:

To verify DIB paid on claims that began more than 13 months ago, send the ABCD 351, a self-addressed postage-paid return envelope, and either a DE 507 or ECS 155 listing the claim information to:

Disability Insurance Section, MIC-29
Employment Development Department
800 Capitol Mall
Sacramento, CA 95814

Claim records older than 36 months from the claim date are not available.

.33 UIB Paid More Than 48 Months Ago:

To verify UIB payments made on a claim with a benefit year beginning (BYB) date earlier than 48 months ago or made prior to July 1, 1976, (i.e., too early to appear on the Claimant Abstract), send the completed ABCD 351, self-addressed postage-paid return envelope, and either a DE 507, a DPS 155 or a copy of the Claimant Abstract listing the claim information to:

Employment Development Department
Insurance Accounting Bureau
Insurance Accounts Receivable
MIC 19
800 Capitol Mall
Sacramento, CA 95814

29-005 HOW TO USE UIB/DIB VERIFICATION SYSTEMS (Continued)**29-005****.4 Obtaining Photocopies of UIB and DIB Checks**

Photocopies of UIB and DIB checks may be obtained in cases of civil or criminal prosecution from the Employment Development Department, Benefit Accounting Group. When requesting copies of checks use Form GEN 973 shown in Section 29-007.7. Copies of the GEN 973 can be obtained from the DSS Warehouse, 6150 27th Street, Sacramento 95822, through standard ordering procedures using the GEN 727B order form.

If certified copies of UIB or DIB are required, a subpoena must be obtained and forwarded to:

Mr. J. C. Engle, Chief
Central Operations, Employment Tax Branch MIC 97
Employment Development Department
800 Capitol Mall
Sacramento, CA 95814

.5 Verification of TRA Benefits

To verify TRA benefits, use preaddressed Form TEMP 1357, Request for Training Readjustment Allowance Benefit Verification, shown in Section 25-007.8 or a county version of the form. Because its use is limited, TEMP 1357 will not be warehoused by the State. Counties may either have EW's photocopy the form shown in this handbook as needed or they may print, warehouse and distribute it for their own use.

29-006	OVERVIEW OF UI/DI BENEFIT VERIFICATION FORMS	29-006
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29-007 FORM DESCRIPTIONS AND EXPLANATIONS**29-007****.1 DE 429 - Notice of Computation**

This form is sent to the UI claimant by EDD and provides information on the status of the claim.

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

1. Name and Social Security number of claimant.
2. Earnings records of claimant for four quarters of base period.
3. Employer's name(s).
4. Employer's state account number.
5. Total dollar amount for which claim is valid (MBA).
6. Rate of benefit claimant is entitled to receive for one week (WBA). Dividing #6 into #5 will give approximate number of weeks claimant may receive benefits.
7. Effective date of the claim (BYB).
8. Code number of EDD field office where claim filed.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)

29-007

.2 ED Form DE 8720, Request for Information (Replaces Forms DE 4204, DE 8028 and manually prepared DE 4773)

The DE 8720 below is used by eligibility, quality control, and special investigations personnel to obtain a Wage and Claim Abstract (DE 507) or employer address information, either on a one-time basis or for five consecutive quarters. It may also be used to obtain a UI Claimant Abstract (ECC 586-A).

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007****INSTRUCTIONS FOR THE COMPLETION OF FORM DE 8720**

Use either pen or pencil to complete the following form sections as outlined below:

Department, Address, Requester

This information is provided for EDD to contact the requestor should processing problems arise.

A. Requester Code

- First Position -- W, indicating welfare request
- Second and third positions -- County code number
- Fourth, fifth and sixth positions are for county use; fourth and fifth positions can be alpha or numeric; sixth positions must be numeric.

Use the following coding conventions when filling out the requester code:

- All six positions of the code must be completed. Fill unused positions with zeros.
- Z's and Alpha O's must be slashed. Example: Z Ø
Two's and zero's are **not** slashed. Example: 2 0

B. Identifier (optional)

This section was included for future possible extension of requester and/or case identification, but is not applicable at the present time.

C. Enter the number corresponding to the type of verification desired.

Enter the "9" if you wish to terminate a prior request of 4, 5 or 6 for automatic quarterly information.

D. Claimant Abstract (ECC 586-A). Requests for information from the 24-month UI Payment History Abstract File are processed daily. Information from 48-month file usually takes longer to provide, because requests are processed weekly.

- Enter the number "7" when you want information on a UI claim with a benefit year beginning (BYB) date not older than 24 months.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)

29-007

- Enter the number "8" when you want all information on a UI claim with a BYB date from 24 to 48 months older (but not before 7/1/76). UI computer files will be retained for only 4 years. Earlier UI information can be obtained through the ABCD 351 process (see Section 29...005.33).

(Requestor may ask simultaneously for a DE 507 and an ECC 586-A for all persons whose Social Security Numbers are listed on the DE 8720.)

- E. Enter up to 16 claimant social security numbers. Remember that the options selected in sections C and D apply to **all** SSA's entered.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007****.3 DE 4773 - Request for Wage and Claim Information for One Time Only**

Used only by counties which submit the form to EDD as a prepunched data card. DE 4773 forms are obtained from the DSS Warehouse, 6150 27th Street, Sacramento 95822.

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

1. Social Security number of claimant.
2. Type of information requested. Punch only one box. Normally, wage and claim information only is needed.
3. Requester Code
 - First position - "W", indicating welfare request.
 - Second and third position - county code number.
 - Fourth, fifth, and sixth positions are for county use; fourth and fifth positions can be alphabetical or numeric; sixth position must be numeric.

Note: Any forms which are not key punched completely and accurately will be discarded by EDD without notice to the requester.

Send prepunched forms to: EDD Data Processing, MIC 58-1, 800 Capitol Mall, Sacramento, CA 95814

29-007 **FORM DESCRIPTIONS AND EXPLANATIONS** (Continued)

29-007

.4 Wage and Claim Abstract, DE 507

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007**

Form DE 507 is provided to CWD's by EDD upon receipt of Form DE 4773, or Form DE 4204. It provides wage information and claim information, including identification of the field office which is handling the claim.

DESCRIPTION OF ENTRIES ON FORM DE 507

1. **SOCIAL SECURITY ACCOUNT NUMBER** - The nine-digit SSN of the claimant.
2. **REQUESTING AGENCY** - The Requester Code of the requesting agency is entered, (See page 17, description of Form DE 4773, for explanation of requester codes.)
3. **CYCLE DATE** - This is the date on which the DE 507 was processed in the EDP Section at EDD.
4. **QUARTER ENDING** - The last month of the quarter in which wages shown were earned.
5. **EMPLOYER ACCOUNT NUMBER** - The seven-digit number assigned to registered California employers by the Registration Group, Employment Development Department.
6. **BRANCH** - A two-digit number which identifies a particular branch of a company.
7. **EMPLOYER NAME** - Name of employer. A maximum of ten characters may be used to identify the employer.
8. **EMPLOYER NAME** - The first initial and the last name of the employee. A maximum of six characters may be used to identify employee's last name as reported by the employer.
9. **EARNINGS** - Earnings of an employee during the period shown in the corresponding calendar "Quarter Ending" column (item 4).
10. **WAGE CODE** - An alphabetical code used to indicate categories of wages developed and used in EDP operations and shown on the various documents relating to wage detail when such documents are printed from the tape record. (See Wage Codes under item 21.)
11. **DI HIGH QUARTER EARNINGS** - Earnings upon which DI benefits may be paid. These earnings are based upon monies paid into the wage plan selected and automatically computed when an unemployment claim is filed. For EDD use.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued) 29-007

12. **PROCESS DATE** - The date a particular initial claim or other claim transaction took place.
13. **CLAIMANT'S NAME** - The name of the person under whose name the claim was filed.
14. **CLAIM DATE** - The effective date of claim or the effective-date of the flag. In most instances, this date will be the benefit year beginning date, which after a claimant has applied for benefits, is the first day of his valid claim period.
- .15 **PROG** (Program) - An alphabetical or numerical code assigned to all new or first claims. It indicates the insurance program under which the claim is being processed. (See bottom right corner of DE 507.)

Program Code Chart

Parent Claim	Parent Code	CAL-ED	FED-ED	EME	EME-1
UI	A	5	6	7	8
UCFE	K	N	P	F	9
UCX	L	O	S	U	Y
UI UCFE	B	E	X	J	V
UI UCX	C	E	X	J	V
UI UCFE UCX	D	E	X	J	V
UCFE UCX	M	N	P	F	9
SUA	H				
DI STATE	R				
DI VOLUNTARY	Q				

- .16 **OFFICE NUMBER** - The number of the FO in which the claim was filed or to which it was transferred or the office in which the request was initiated. The bottom office listed is the office with the most recent claim, and the office in which the claimant's file is kept.
- .17 **TYPE FLAGS** - An abbreviated description of the type flag processed. For EDD use.
- .18 **REFERENCE** - A multiple purpose reference field used to convey any information relative to flag processing or claim changes. For EDD use.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007**

19. **COMP** (Computation Code) - This code is assigned when a new or previously invalid claim is submitted for a monetary determination of the benefits for which a claimant is eligible and indicates the source and manner of submission. The codes are used by EDD for accounting purposes.
20. **COMP YEAR** - These are codes used to identify the computation year or the effective year of a particular program. For EDD use.
21. **CODES OF VARIOUS WAGE CATEGORIES** (see Item 10).
 - A - UI only
 - L - DI only - Voluntary Plan
 - J - DI only - State Plan
 - S - State Plan - UI and DI
 - U - Voluntary Plan - UI and DI

29-007 **FORM DESCRIPTIONS AND EXPLANATIONS** (Continued)

29-007

.5 ECC 586-A -- UI Claimant Abstract

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007****EXPLANATION OF ENTRIES ON THE CLAIMANT ABSTRACT**

The claimant abstract is provided to counties by EDD upon receipt of a DE 8028. It provides UI payment information.

The following items on the abstract are of particular interest to county welfare departments because of the relevance to eligibility determination and grant computation. The numbers preceding each entry correspond to the numbered claimant abstract positions on the preceding page.

1. **REQUESTER CODE:** The code specified by the requester on Form DE 8028.
2. **CLAIMANT ABSTRACT SSA:** Social Security number of the claimant - same as the requester indicated on Form 8028.
3. **PROCESS DATE:** The date the abstract was printed. Information on the abstract is current through that date.
5. **NAME:** The claimant's first and middle initial and up to 12 characters of the last name, as it appears on the most recent claim.
15. **CLAIM:** Identifies a line of information for an individual claim. The most recent claim always appears first.
16. **BYB:** Benefit year beginning date, or effective date of claim.
17. **BAL:** The balance of benefits still remaining in the claim.
18. **MBA:** Maximum benefit amount, or total amount the claimant will be paid for the duration of the claim.
20. **WBA:** Weekly Benefit Amount - the amount of benefits the claimant is entitled to receive per week throughout the duration of the claim.
28. **ISSUE DATE:** The date the payment check was actually issued.
30. **PAID:** Dollar amount of check paid to claimant.
37. **ARC:** Accounting Report Code. Completely ignore any payment line which has "8" appearing in this column.
38. **DESCRIPTION:** A variety of explanatory comments are used to describe the payment. As mentioned, the description of significance to County Welfare Departments is:

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007**

Error: This comment signifies an error in some aspect(s) of the payment information on that line. Usually, the error is in week-ending date, or some element other than amount and month of payment. Users are advised that the best estimate of the incidence of errors in payment date and/or amount in all lines ending in "error" is approximately 0.5 percent.

The remaining entries on the abstract are as follows:

4. **WORK DATE:** The date the DE 8028 request is received by EDD.
6. **DER:** For most claims, the date the most recent claim entered into the file.
7. **DT BIR:** Claimant's date of birth. The month is always "7" for statistical purposes; the second number is the last two digits of the birth year.
8. **TRANSITIONAL:** Indicates whether or not the original claim has continued without a break, or if another claim has taken over. For EDD use.
9. **ZIP:** Claimant's zip code from most recent information on file.
10. **COMP:** A computation code regarding claim information, used by EDD for accounting purposes.
11. **SEQ:** Card sequence number on last embossed card produced. For EDD use.
12. **DI TOT. BP:** Total wages usable for a DI claim (if one were filed) in the base period of the most recent filing for a UI claim. For EDD use.
13. **DI HI QTR:** Total wages usable in the high quarter of the base period of the most recent filing for a UI claim. For EDD use.
14. **DOT:** An occupational code used by EDD, and not indicated on every abstract.
17. **UIFO:** The number of the EDD field office in which the claim is being handled.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007**

21. **ER ACCT:** The account number of the employer who paid the greatest dollar amount of earnings during the base period.
22. **RB:** Indicates whether or not any retraining benefits have been paid.
23. **WP:** Indicates whether or not a waiting period has been served.
24. **PROG:** Program code. For a list of program codes and their corresponding programs, see page 19.
25. **HISTORY:** The heading for a series of claim payment information that follows. Appearing directly below the word "History" will be the benefit year beginning date of the claim to which the payment information pertains.
26. **PROCESS:** The date a payment was recorded in the file.
27. **UIFO:** The number of the field office in which payment is made.
29. **W/E:** The week-ending date of the period for which benefits were paid.
31. **EARN:** Amount of earnings reported to EDD by the claimant. Earnings of less than \$21 per weekly period will not appear.
32. **E/C:** Entry code which indicates the type of transaction, primarily for reconciliation of records.
33. **STAT:** A code indicating the status of the record.
34. **CERT:** A number used to identify payments for processing.
35. **DRAFT NO.:** Serial number of the payment check.
36. **BATCH:** Number of the bank or date processing batch in which the checks appeared.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)

29-007

.6 ABCD 351

To receive a copy of this form, contact the Office of Regulations Development at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 P Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at ord@dss.ca.gov.

29-007 **FORM DESCRIPTIONS AND EXPLANATIONS** (Continued)

29-007

ABCD 351 UIB/DIB Payment Verification

Form ABCD 351 is sent to the EDD field office to obtain DI payment information or to EDD Insurance Accounting to obtain UI payment information prior to July 1976.

ABCD 351 forms are available from the DSS Warehouse, 6150 27th Street, Sacramento 95822.

Completing the form:

Section A: Indicate the claimant's name and Social Security number in the appropriate spaces. Both items must be completed legibly and accurately.

Section B: Disregard the first two boxes above the dotted line in Section B. In the portion of Section B below the dotted line, indicate the beginning and ending dates of the period for which payment information is needed in the "From _____ To _____" portion.

Attach documentation of the correct EDD field office, such as a copy of the DE 507, the DPS 155, or the Claimant Abstract, and check the box in Section B indicating that the documentation is attached.

Enclosed a postage-paid self-addressed return envelope and also check that box in Section B.

Reverse side: This side of the ABCD 351 is meant for county use only, to facilitate return of the form to the appropriate county district office and/or eligibility worker.

Section C: EDD Insurance Accounting will record payment amounts and dates for the period for which payment information was requested.

Note: ABCD 351 forms which are received without a self-addressed, postage-paid return envelope, or are filled out incompletely, inaccurately, or illegible, or are sent to the wrong EDD field offices, will be discarded without notice to the requester. Addresses of EDD Field Offices are listed on the next page.

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)**29-007**

Field Office

Number	Location	Address
201	Bakersfield	P.O. Box 1633, Bakersfield 93302
202	Chico	P.O. Box 1500, Chico 95926
203	Eureka	P.O. Box 4000, Eureka 95501
204	Fresno	P.O. Box 32, Fresno 93707
205	Long Beach	P.O. Box 469, Long Beach 90801
206	Los Angeles	P.O. Box 3096, Los Angeles 90051
207	Oakland	P.O. Box 1857, Oakland 94604
208	Redding	P.O. Box 1898, Redding 96001
209	Sacramento	P.O. Box 13140, Sacramento 95813
210	Stockton	P.O. Box 1649, Stockton 95201
211	San Bernardino	P.O. Box 781, San Bernardino 92403
212	San Diego	P.O. Box 831, San Diego 92112
213	San Francisco	P.O. Box 3534, San Francisco 94119
214	San Jose	P.O. Box 637, San Jose 95106
215	Santa Barbara	P.O. Box 1529, Santa Barbara 93102
216	Santa Rosa	P.O. Box 700, Santa Rosa 95402
217	Sacramento	P.O. Box 13140, Sacramento 95813
218	Glendale	P.O. Box 990, Glendale 91209
219	Santa Ana	P.O. Box 1466, Santa Ana 90406
220	Santa Monica	P.O. Box 1500, Santa Monica 90406
221	Van Nuys	P.O. Box 7708, Van Nuys 91409
222	Whittier	P.O. Box 4707, Whittier 90607

29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)

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.7 GEN 973

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29-007 FORM DESCRIPTIONS AND EXPLANATIONS (Continued)

29-007

.8 TEMP 1357

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29-007	FORM DESCRIPTIONS AND EXPLANATIONS (Continued)	29-007
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The TEMP 1357 will be used relatively infrequently and will, therefore, not be warehoused by the State. County personnel may photocopy the form from this manual, or the county may print and distribute it. The following definitions of TRA request form items will be useful for completing the TEMP 1357:

Date Eligibility Period Expires: Normally, claims expire at the end of a specified two-year period or earlier, if 52 weeks of benefits have been received before the end of the two years. If the case in question is an exception to this rule, EDD will include a note in the "Other, Comments" section of their reply. After eligibility expires, a TRA claim can no longer be made, even though a claimant may not have received his maximum weeks of benefits.

Number of Remaining Weeks of Eligibility: This is the number of remaining weeks of TRA benefits which can be claimed any time before the eligibility period expires. A claimant is usually entitled to up to 52 weeks of benefits.

Payment History: If requested, EDD will enclose a photocopy of the claimant's TRA payment history which includes: Date Payment Authorized, Week Ending Date For Which Paid and amount of TRA Payment. Payments are authorized for 1-2 weeks at a time, and it normally takes from 10 days to 2 weeks after authorization before the claimant receives a check.

Other, Comments: EDD will cite any exceptional circumstances. For example, a claimant may be receiving regular weekly TRA allowances while in training, or the date eligibility expires and/or the number of weeks of eligibility may have been extended beyond the normal limits.

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29-008 THIRD PARTY CONTACTS AND GLOSSARY

29-008

**.1 State Employment Security Agency Addressees for Requesting Unemployment Insurance
Payment Data from Other States, Canada, Virgin Islands, and Puerto Rico.**

ALABAMA

Alabama Department of Industrial
Relations
Multi-State Unit
Industrial Relations Building
Montgomery, Alabama 36104

DISTRICT OF COLUMBIA

District of Columbia Department
of Manpower
Employment Security Building
Interstate Section
6th and Pennsylvania Avenue, NW
Washington DC 20001

ALASKA

Alaska Department of Labor
Employment Security Division
Interstate Unit
P.O. Box 3-9000
Juneau, Alaska 99811

FLORIDA

Florida Department of Commerce
Bureau of UC, Benefit Section
Caldwell Building
Tallahassee, Florida 32304

ARIZONA

Arizona Department of Economic
Security
Interstate Liable Office
P.O. Box 6666
Phoenix, Arizona 85005

GEORGIA

Georgia Employment Security Agency
Interstate Unit
P.O. Box 38184
Atlanta, Georgia 30334

ARKANSAS

Arkansas Employment Security
Commission
Interstate Unit
P.O. Box 3137
Little Rock, Arkansas 72203

HAWAII

Hawaii Department of Labor and
Industrial Relations
UI Division
P.O. Box 700
Honolulu, Hawaii 96809

COLORADO

IDAHO

Colorado Division of Employment
and Training
Interstate Unit
1210 Sherman Street
Denver, Colorado 80203

Idaho Department of Employment
Interstate Claims Unit
P.O. Box 7189
Boise, Idaho 83707

29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)

29-008

CONNECTICUT

Connecticut Employment Security
Division
Interstate Section
Hartford, Connecticut 06115

ILLINOIS

Illinois Bureau of Employment
Security
Interstate Benefit Office
Division of Unemployment Compensation
P.O. Box 7397
Chicago, Illinois 60680

DELAWARE

Delaware Department of Labor
Interstate Unit
801 West Street
Wilmington, Delaware 19899

INDIANA

Indiana Employment Security
Division
Interstate Unit
P.O. Box 7022
Indianapolis, Indiana 46207

MASSACHUSETTS

Massachusetts Division of Employment
Security
Interstate Department
Employment Security Building
P.O. Box 8400
Boston, Massachusetts 02114

IOWA

Iowa
Interstate Unit
1000 East Grand Avenue
Des Moines, IA 50319

MICHIGAN

Michigan Employment Security
Commission
Interstate Benefit Unit
7310 Woodward Avenue
Detroit, Michigan 48202

KANSAS

Kansas Employment Security Division
State Labor Department
Interstate Section
401 Topeka Boulevard
Topeka, Kansas 66603

MINNESOTA

Minnesota Department of Employment
Services
Interstate Unit
390 North Robert Street
St. Paul, Minnesota 55101

29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)

29-008

KENTUCKY

Kentucky Department of Economic
Security
Interstate Unit
Division of Unemployment Insurance
P.O. Box 452
Frankfort, Kentucky 40601

MISSISSIPPI

Mississippi Employment Security
Commission
Interstate Unit
P.O. Box 1699
Jackson, Mississippi 39205

LOUISIANA

Louisiana Department of Employment
Security
Interstate Subunit
P.O. Box 44094, Capitol Station
Baton Rouge, Louisiana 70804

MISSOURI

Missouri Division of Employment
Security
Interstate Service
P.O. Box 59
Jefferson City, Missouri 65102

MAINE

Maine Employment Security Commission
Interstate Unit
P.O. Box 309
Augusta, Maine 04330

MONTANA

Montana Employment Security Division
Interstate Unit
P.O. Box 1728
Helena, Montana 59601

MARYLAND

Maryland Employment Security
Administration
Interstate Claims Division
1100 North Eutaw Street
Baltimore, Maryland 21201

NEBRASKA

Nebraska Division of Employment
Interstate Unit
P.O. Box 4600
State House Station
Lincoln, Nebraska 68509

NEVADA

Nevada Employment Security Department
Interstate Unit
500 East 3rd Street
Carson City, Nevada 89701

OKLAHOMA

Oklahoma Employment Security
Commission
Interstate Unit
Will Rogers Memorial Office Building
Oklahoma City, Oklahoma 73105

29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)

29-008

NEW HAMPSHIRE

New Hampshire Department of
Employment Security
Liable State Unit
32 South Main Street
Concord, New Hampshire 03301

NEW JERSEY

New Jersey Department of Labor
and Industry
Interstate Unit
P.O. Box 1356
Trenton, New Jersey 08607

NEW MEXICO

New Mexico Employment Security
Commission
Interstate Unit
P.O. Box 1928
Albuquerque, New Mexico 87103

NEW YORK

New York State Department of Labor
Out-of-State Resident Office
P.O. Box 1559
Albany, New York 12249

NORTH CAROLINA

North Carolina Employment Security
Commission
Interstate Claims Determination Unit
P.O. Box 25903
Raleigh, North Carolina 27611

OREGON

Oregon Employment Division
Interstate Unit
875 Union Street, NE
Salem, Oregon 97310

PENNSYLVANIA

Pennsylvania Bureau of Employment
Security
Interstate Claims Office
P.O. Box 3561
Harrisburgh, Pennsylvania 17121

RHODE ISLAND

Rhode Island Department of
Security
Interstate Unit
P.O. Box 1058
Providence, Rhode Islands 02903

SOUTH CAROLINA

South Carolina Employment Security
Commission
Interstate Claims Section
P.O. Box 955
Columbia, South Carolina 29202

SOUTH DAKOTA

South Dakota Employment Security
Department
Interstate Unit
607 North Fourth Street
Aberdeen, South Dakota 57401

29-008 **THIRD PARTY CONTACTS AND GLOSSARY (Continued)**

29-008

OHIO

Ohio Bureau of Employment Services
Interstate Claims Section
P.O. Box 1618
Columbus, Ohio 43216

TENNESSEE

Texas Employment Commission
Interstate Unit
TEC Building
Austin, Texas 78778

UTAH

Utah Department of Employment
Security
Interstate Unit
P.O. Box 11600
Salt Lake City, Utah 84147

VERMONT

Vermont Department of Employment
Security
Interstate Unit
P.O. Box 488
Montpelier, Vermont 05602

VIRGINIA

Virginia Employment Commission
Interstate Unit
P.O. Box 1360
Richmond, Virginia 23211

WYOMING

Wyoming Employment Security
Commission
Interstate Unit
P.O. Box 2479
Casper, Wyoming 82602

CANADA

Canadian Interstate Claims Unit
Box 4500
Belleville Ontario, Canada

PUERTO RICO (Send by Airmail)

Puerto Rico Bureau of Employment
Security
Interstate Claims Unit
414 Barbosa Avenue
Hato Rey, Puerto Rico 00917

VIRGIN ISLANDS (Send by Airmail)

Virgin Islands Employment Security
Agency
Charlotte Amalie
St. Thomas, Virgin Islands 00802

WASHINGTON

Washington Employment Security
Department
Interstate Unit
P.O. Box 2561
Olympia, Washington 98504

29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)

29-008

WEST VIRGINIA

West Virginia Department of
Unemployment Security
Multistate Unit
California and Washington Streets
Charleston, West Virginia 25305
Madison, Wisconsin 53701

WISCONSIN

Wisconsin Employment Security
Division
Interstate Benefit Section
P.O. Box 644

29-008 **THIRD PARTY CONTACTS AND GLOSSARY** (Continued)

29-008

.2 California TRA Certified Companies

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29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)

29-008

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29-008 **THIRD PARTY CONTACTS AND GLOSSARY** (Continued)

29-008

.2 California TRA Certified Companies

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29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)**29-008****.3 Glossary of UI/DE Terms**

BASE PERIOD: The one-year period during which the worker's earnings are considered in deciding whether his was a valid claim and in computing the amount of his award. The base period for claims filed in the first month of each calendar quarter, January, April, July and October, is the first four out of the last six completed calendar quarters. The base period for claims filed in any other month is the first four out of the last five calendar quarters preceding the quarter in which the claim is filed.

CLAIMANT: An individual who has filed a claim for benefit payment under one or more State or Federal programs, has not exhausted benefit rights, and whose benefit year has not ended.

DURATION OF BENEFITS: The number of weeks for which benefits are paid or payable for total unemployment in a benefit year. Because there may be partial and part-total unemployment, duration is often described in terms of the total amount of benefits arrived at by multiplying the weekly benefit amount by the number of weeks of total unemployment.

ELIGIBILITY: The status of a claimant in regard to receipt or denial of benefits. This status is determined by a claims interviewer after review of all available pertinent information.

EMPLOYER ACCOUNT NUMBER: A seven-digit identification number assigned by the Department to an employer covered by the provisions of the California Unemployment Insurance Code.

EXTENDED DURATION CLAIMS (Cal-ED and Fed-ED): During periods of high unemployment, California has a special program for claimants whose regular benefits have expired or have been exhausted. This is the California Extended Duration (Cal-ED) program. The Federal Government has a similar program of extended benefits known as Federal State Extended Benefits (Fed-ED). The maximum amount of an ED claim is 50 percent of the original (parent) claim. The weekly benefit amount remains the same as the original (parent) claim.

FIELD OFFICE: A full-time office through which some or all of the unemployment insurance, disability insurance, and employment service functions of the Department are available.

INTERSTATE CLAIM: A claim filed under the Interstate Benefit Payment Plan in a state in which the claimant is residing (agent state) against another state in which he earned wages in covered employment (liable state). Benefits are paid by the liable state.

29-008 THIRD PARTY CONTACTS AND GLOSSARY (Continued)**29-008**

MAIL CLAIM: A new, additional, or continued claim which is filed by mail rather than in person. Mail claims are filed by claimants whose residence is too far removed from the field office to permit them to file in person, or by claimants who have secured employment and who are unable to certify in person to a week of compensable unemployment. New and additional claim transactions are historically handled by the claimant visiting the field office in person.

MBA: Maximum Benefit Amount.

SPECIAL UNEMPLOYMENT ASSISTANCE (SUA): The Emergency Jobs and Unemployment Assistance Act of 1974 provides for a temporary program of special unemployment assistance (SUA) to workers who are unemployed and not otherwise eligible for unemployment compensation or allowances under any other state or federal law.

TRA (Trade Readjustment Allowance): Allowances paid to adversely affected workers under the Trade Expansion Act of 1962 (TEA).

UNEMPLOYMENT COMPENSATION FOR EX-SERVICEMEN (UCX): The federal program of unemployment compensation for ex-servicemen.

UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE): The federal program of unemployment compensation for federal employees or a combination of federal civilian employee and ex-servicemen programs.

VALID CLAIM: A claim which has been filed in accordance with the law and rules and with respect to which it has been determined by the Central Office that the claimant has earned sufficient wages in his base period to qualify for benefits under the California UI Code.

WBA: Weekly Benefit Amount.

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